2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N29812

Entity Name: CENTRAL FLORIDA LEASED HOUSING CORPORATION, INC.

Current Principal Place of Business:

718 MARGARET SQUARE
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

718 MARGARET SQUARE
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 59-3006442 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HINCKLEY, LYNDA
718 MARGARET SQUARE
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	MDS	( ) Delete
Name:	HINCKLEY, LYNDA	
Address:	718 MARGARET SQUARE	
City-St-Zip:	WINTER PARK, FL	
Title:	D	( ) Delete
Name:	KOVISARS, JUDITH	
Address:	255 S. ORANGE AVE., #1590	
City-St-Zip:	ORLANDO, FL 32801	
Title:	D	( ) Delete
Name:	MACDIARMID, ANN	
Address:	1723 GOLFSIDE DR	
City-St-Zip:	WINTER PARK, FL 32792	
Title:	D	( ) Delete
Name:	FELTON, DOROTHY	
Address:	845 W. SWOOPE #13	
City-St-Zip:	WINTER PARK, FL 32789	
Title:	D	( ) Delete
Name:	MILLER, MICHAEL	
Address:	375 SYLVAN DR,	
City-St-Zip:	WINTER PARK, FL 32789	
Title:	D	( ) Delete
Name:	NEWMAN, JANE	
Address:	1443 HIBISCUS AVE	
City-St-Zip:	WINTER PARK, FL 32789	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNDA HINCKLEY E.D. 03/20/2009

Electronic Signature of Signing Officer or Director — Date